

GENERAL FARM PROPOSAL FORM

Cover is against the Risks of Mortality specified in the schedule and subject to various conditions, limitations and exclusions. A copy of the Policy Summary (Key Facts) and/or Policy Wording showing the full extent of the cover can be obtained upon application to your broker.

BEFORE ANY QUESTION IS ANSWERED, PLEASE READ CAREFULLY THE DECLARATION AT THE END OF THIS PROPOSAL WHICH YOU ARE REQUIRED TO SIGN. ANSWER ALL QUESTIONS IN FULL

Please State cover required:

Vertical grid of six boxes for selecting cover options.

- All Risks of Mortality
Restricted perils
Theft
Government Slaughter Disease
Transit
Other Please State:

Requested period of insurance:

From: ----- To: -----

General Information

Name -----

Address -----

Postal Code -----

Telephone -----

Fax -----

Email -----

Date of registration if applicable -----

Number of Years in Operation -----

Name of Owner -----

Details of Location where animals are kept

Location of Animals if different to above:

What type of production are you involved in?

Are these locations manned 24 hours a day?

Nature and height of fence around the farm

Is any part of this farm susceptible to flooding? Give information on flooding history during the last 10 years.

Farm Size (hectares) - Please submit map illustrating locations of each unit, perimeter fence, etc

Construction details of buildings used to hold livestock:

Type of fire fighting equipment at farm locations:

Is there a maintenance contract for fire equipment and electrics? If yes please state frequency of checks and is there a record?

Are there any alarms on the property, if so what for?

Is there an automatic generator on site?

Is this farm subject to any aid or grant from any organisation? If yes, give details.

Schedule of Animals for Insurance

Please fully complete the additional Schedule sheet for all animals to be insured for each location. Animals valued £2000 (or currency equivalent) and over need to be identified separately in the attached relevant table.

For what purpose are animals farmed (e.g. breeding, rearing etc.)

Were these animals purchased? if yes please provide details. Or is the unit closed?

<input type="checkbox"/>	Purchased
<input type="checkbox"/>	Closed Unit

Husbandry Information

Please describe your production cycle: e.g. for beef - cows mated with bull or by AI (target to be in calf 80 days after calving), calves suckled for up to 6 months at pasture, weaning, rearing for 3 months at pasture until 500-550 kg, transferred to custom feedlot for finishing on a controlled diet and slaughter at 18-30 months)

If applicable what age/ weight do animals leave farm:

What is the usual market for the proposed animals:

What is the origin of feed for each location, does the unit use a zero graze system?

Are the animals checked on a daily basis, please provide details:

Please describe your worming program:

Describe your vaccination program (including vaccines given/ frequency):

Are new animals held in isolation before joining the main herd? If yes, please give details.

Are the animal's diets supplemented in any way? If Yes please provide details and confirm whether this has been recommended by a veterinary surgeon or nutritionist.

What is the expected mortality rate for the unit/per annum?

Have you ever experienced losses greater than the expected mortality rate? If Yes please state reason and preventative measures taken:

Do you have up to date stock and medical treatment records? In the event of a claim, you will be requested to provide this information.

Disease Information

Please complete the additional disease info sheet, if you require cover for disease insurance of any kind.

Does the unit carry a 'high health' status, if yes please list diseases within this criteria?

In the event of a breakdown of the high health status criteria how would your business/ production be affected?

Have any animals on the property suffered from any illnesses, injuries, disease, or undergone surgery in the last 12 months? (If YES please provide full details)

Have there been any contagious or infectious diseases in the past 36 months? (if YES, please provide further details)

To your knowledge are there any contagious or infectious diseases on the premises now? (if YES, please provide further details)

Have there been any contagious or infectious disease within the locality during the last 36 months?

What (if any) biosecurity procedures are in place to prevent the spread of disease? (e.g. wheel wash, visitor book, shower, isolation procedures of introducing animals to unit etc)

Are you subject to regular tests of any sort? If Yes please state type of tests and frequency.

Are the proposed animals in sound health? (if NO please give further details) Please note that it is normal practice for a veterinary certificate or Declaration Of Health to be requested before cover incepts:

Veterinary Details

Name, full address and telephone number of your Veterinary Surgeon:

What is this distance from where the animals are normally located? .-----

Insurance History

Are the proposed animals now insured or have they been insured previously by you or your agent? (if YES, give details including the names of Insurers)

Have you ever sustained a loss of an animal by any of the contingencies which you propose to insure? (If YES please complete additional sheet)

Has any Insurer ever declined or refused to renew your Livestock Insurance? (If YES, give details)

Have you other animals which are not proposed for Insurance? (If YES, give details of why they are not proposed)

Have you been paid claims on livestock at any time? (If YES, please complete additional Loss History sheet)

Are there any leases or mortgages on any of the animals? (If YES, give details)

In the event of a loss under this insurance, what compensation is received from the state and/or other organisations?

(e.g. Foot and Mouth 100% compensation from government)

Are there any other circumstances within your knowledge or opinion not already disclosed, affecting or likely to affect the proposed insurance? If so please give full details

DECLARATION

The above named animals are owned by me and, to the best of my knowledge and belief, the information provided in connection with this proposal, whether in my hand or not, is true and I have not withheld any material facts. I understand that non-disclosure or misrepresentation of a material fact will entitle Underwriters to void the insurance.

(N.B. A material fact is one likely to influence acceptance or assessment of this proposal by Underwriters; if you are in any doubt as to what constitutes a material fact you should consult your Broker.)

I understand that the signing of this proposal does not bind me to complete the insurance but agree that, should a contract of insurance be concluded, this proposal and the statements made therein shall form the basis of the contract.

I declare that to the best of my knowledge and belief all of the above statements made by me are true. I hereby consent to any information you may have about me being processed by you for the purposes of providing insurance, and claims handling, which may necessitate providing such information to third parties. I also confirm there are no other circumstances within my knowledge or opinion that are not already disclosed that are likely to affect the proposed insurance.

Signed -----

Please Print -----

Dated -----

Disease	Unit located in (Please tick):				Accredited Disease free? (Y / N)	Date Accredited Disease free (dd/mm/yyyy)	Are you aware of disease in the locality? (Y/N)
	Free Zone	Buffer Zone	Endemic Zone	Movement control Zone			
Tuberculosis							
Brucellosis							
Leucosis							
Classical Swine Fever							
African Swine Fever							
Vesicular stomatitis							
Swine vesicular disease							
Rinderpest							
Foot and Mouth							
Peste des ruminants							
Contagious bovine pleuropneumonia							
Lumpy skin disease							
Bluetongue							
Sheep/ goat pox							
African Horse Sickness							
Fowl plague							
Newcastles Disease							
Rift Valley Fever							
Avian Influenza							
Other please list:							

Please note that diseases listed are from the OIE list A, please also state any other diseases applicable to your unit.

Date of Loss	Details of Loss	Gross Loss	Deductible Applied	Net Loss

LIVESTOCK DECLARATION OF HEALTH

(To be signed by the owner or person responsible for the Animal(s))

Name ----- Sex -----

Sire ----- Dam -----

Breed ----- Date of Birth -----

Sum Insured ----- Purchase Price or Justification of Value -----

Owner ----- Policy Number -----

1. Has the animal proposed ever experienced lameness in the last 3 years? [] Yes [] No
If yes, please give details/dates/ veterinary care as applicable:

2. Has the above animal(s) suffered from any other illness or disease or undergone any surgery or treatment in the last 3 years?

[] Yes [] No

If yes, please give details/dates:

3. Has there been any evidence of contagious or infectious disease at the farm where the animal is kept or the surrounding area in the last 3 years?

[] Yes [] No

If yes, please give details/dates:

4. If female, how many calves has she had? -----

Has she aborted any calves or had any stillborns? [] Yes [] No

If yes, please give details/dates:

5. If male, is he fertile? [] Yes [] No

If yes, please give details/dates:

Date First Tried -----

Date to be tried: -----

Approximate percentage calving achieved of the last herd sired: -----

5. Has the above animal(s) normal eye, wind and action to the best of your knowledge?

Yes No

If no, please give details/dates:

6. If male, has he any semen in store?

Yes No

If yes, please give details

Number of straws _____ Value per straw _____

Is the semen retained for private use or general sale? Private General

6. Has the above animal(s) ever failed a presale inspection for any reason?

Yes No

If yes, please give details

7. Has the proposed Insured ever experienced any losses/claims and/or thefts insured or not insured?

Yes No

If yes, please give details/dates:

8. Has the proposed Insured ever been convicted of any offence involving dishonesty, fraud, violence, criminal damage, arson or drugs, or is any prosecution pending against them?

Yes No

If yes, please give details/dates:

Declaration

I declare that to the best of my knowledge and belief all of the above statements made by me are true. I hereby consent to any information you may have about me being processed by you for the purposes of providing insurance, and claims handling, which may necessitate providing such information to third parties.

Signed .-----

Please Print .-----

Dated .-----

LIVESTOCK JUSTIFICATION OF VALUE

Certificate Number:

Name

Address

.....

Postal Code

Name Sex

Sire Dam

Species:

Breed

Date of Birth

Sum Insured required

Purchase Price Date:

Details of Breeding Status

No of offspring and value:

No of Stud Orders for current/next Season:

Quantity of Semen in Store Value Per Straw:

DECLARATION

The above named animals are owned by me and, to the best of my knowledge and belief, the information provided in connection with this proposal, whether in my hand or not, is true and I have not withheld any material facts. I understand that non-disclosure or misrepresentation of a material fact will entitle Underwriters to void the insurance.

(N.B. A material fact is one likely to influence acceptance or assessment of this proposal by Underwriters; if you are in any doubt as to what constitutes a material fact you should consult your Broker.)

I understand that the signing of this proposal does not bind me to complete the insurance but agree that, should a contract of insurance be concluded, this proposal and the statements made therein shall form the basis of the contract.

I declare that to the best of my knowledge and belief all of the above statements made by me are true. I hereby consent to any information you may have about me being processed by you for the purposes of providing insurance, and claims handling, which may necessitate providing such information to third parties. I also confirm there are no other circumstances within my knowledge or opinion that are not already disclosed that are likely to affect the proposed insurance.

Signed

Please Print

Dated

Veterinary Examination of Health

I certify that I have that on _____ (enter date)

please tick all that apply:

I examined the animal(s) described in the schedule and found them to bear the identifying marks or tattoos described and to be of the age stated.

The animal(s) appeared to be in a state of good health with no sign of infection or disease

Temperature, heart rate and respiratory rate were found to be within normal limits.

Auscultation of the heart and lungs revealed no abnormal sounds

Conformation and locomotion were normal

Females

Pregnant females showed no sign which might be detrimental to normal parturition.

The internal reproductive organs showed no sign of infection or abnormality.

Males

the reproductive organs of the male(s) described in the schedule were found to have normal development considering the age and breed of the animal.

The internal reproductive organs showed no sign of infection or abnormality.

The penis was extruded and no sign of injury, infection, abnormality or warts appeared.

The testicles and epididymis moved freely within the scrotum and no abnormal mass or consistency was palpated.

The scrotal circumference is _____ cm

Any other comments:

Signature _____ Name _____

Practice name and address:

Telephone Number:

Certificate of Veterinary Examination

Owner -----

Address -----

Place of Examination if different from the above:

Name of Animal -----

Identification -----

Colour ----- Sex -----

Date of Birth ----- tion of age if DOB unknown -----

Details of Examination
Physical Condition

Including heart, lungs, nose, eyes, mouth teeth and feet Normal Abnormal

Comment: -----

Does this animal present a normal health risk? Yes No

Comment: -----

Are there any signs of infectious or contagious disease? Yes No

Comment: -----

Are there any gait abnormalities and/or signs of injury or embellishment as a result of any
embellishment as a result of any previous injury? Yes No

Comment: -----

This is to certify that I, ----- have today
examined the animal described above, and in my professional opinion at the time of examination, this
animal was in sound health and its condition is satisfactory for mortality insurance.

I declare that to the best of my acknowledge and belief all of the above statements made by me are true.

Signature ----- Date of exam -----

Practice name and address:

Telephone Number:
